

CACFP Annual Child Enrollment Form

Annual enrollment in the Child and Adult Care Food Program is required by federal regulation for all children who receive program meals. Complete the following information for each child enrolled at the center. Provide your signature and contact information at the bottom of this form. The U.S. Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

INFANT FORMULA SELECTION: Complete this section if any child listed is an infant under one year of age.

This center provides _____ (brand) iron fortified infant formula to all infants under one year of age.

☐ I Accept the formula

☐ I Decline the formula

☐ I Accept the CACFP meal pattern
(4 - 11 months)

If declined formula, check one:

☐ Parent will provide breast milk

☐ Parent will provide formula (list brand): _____

Complete a separate section for each child in the household. Attach additional pages if necessary.

Last Name	First Name	Date of Birth	Date Enrolled
Usual Days in Care	Usual Hours in Care	Usual Meals Received While in Care	Optional: Ethnic Identity
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Tuesday	to	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Wednesday	to	<input type="checkbox"/> Lunch	Racial Identity
<input type="checkbox"/> Thursday	to	<input type="checkbox"/> PM Snack	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Friday	to	<input type="checkbox"/> Supper	<input type="checkbox"/> Asian
<input type="checkbox"/> Saturday	to	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Sunday	to		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Non-school days/holidays	to		<input type="checkbox"/> White
<input type="checkbox"/> Check if Head Start eligible	<input type="checkbox"/> Check if infant under one year of age		

Last Name	First Name	Date of Birth	Date Enrolled
Usual Days in Care	Usual Hours in Care	Usual Meals Received While in Care	Optional: Ethnic Identity
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Tuesday	to	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Wednesday	to	<input type="checkbox"/> Lunch	Racial Identity
<input type="checkbox"/> Thursday	to	<input type="checkbox"/> PM Snack	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Friday	to	<input type="checkbox"/> Supper	<input type="checkbox"/> Asian
<input type="checkbox"/> Saturday	to	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Sunday	to		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Non-school days/holidays	to		<input type="checkbox"/> White
<input type="checkbox"/> Check if Head Start eligible	<input type="checkbox"/> Check if infant under one year of age		

Annual Update

Signature of Parent or Legal Guardian

Parent may sign & date if the enrollment information is correct.

Printed Name

Signature

Date

Street Address

City, State, Zip

Telephone (include area code)

Date signed: ____/____/____
Month Day Year

Child and Adult Care Food Program Annual Child Enrollment Form

NS-105-C

Revised: April 2009

Last Name	First Name	Date of Birth	Date Enrolled
Usual Days in Care	Usual Hours in Care	Usual Meals Received While in Care	Optional: Ethnic Identity
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Tuesday	to	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Wednesday	to	<input type="checkbox"/> Lunch	Racial Identity
<input type="checkbox"/> Thursday	to	<input type="checkbox"/> PM Snack	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Friday	to	<input type="checkbox"/> Supper	<input type="checkbox"/> Asian
<input type="checkbox"/> Saturday	to	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Sunday	to		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Non-school days/holidays	to		<input type="checkbox"/> White
<input type="checkbox"/> Check if Head Start eligible	<input type="checkbox"/> Check if infant under one year of age		

Last Name	First Name	Date of Birth	Date Enrolled
Usual Days in Care	Usual Hours in Care	Usual Meals Received While in Care	Optional: Ethnic Identity
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Tuesday	to	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Wednesday	to	<input type="checkbox"/> Lunch	Racial Identity
<input type="checkbox"/> Thursday	to	<input type="checkbox"/> PM Snack	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Friday	to	<input type="checkbox"/> Supper	<input type="checkbox"/> Asian
<input type="checkbox"/> Saturday	to	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Sunday	to		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Non-school days/holidays	to		<input type="checkbox"/> White
<input type="checkbox"/> Check if Head Start eligible	<input type="checkbox"/> Check if infant under one year of age		

Last Name	First Name	Date of Birth	Date Enrolled
Usual Days in Care	Usual Hours in Care	Usual Meals Received While in Care	Optional: Ethnic Identity
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Tuesday	to	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Wednesday	to	<input type="checkbox"/> Lunch	Racial Identity
<input type="checkbox"/> Thursday	to	<input type="checkbox"/> PM Snack	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Friday	to	<input type="checkbox"/> Supper	<input type="checkbox"/> Asian
<input type="checkbox"/> Saturday	to	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Sunday	to		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Non-school days/holidays	to		<input type="checkbox"/> White
<input type="checkbox"/> Check if Head Start eligible	<input type="checkbox"/> Check if infant under one year of age		

Last Name	First Name	Date of Birth	Date Enrolled
Usual Days in Care	Usual Hours in Care	Usual Meals Received While in Care	Optional: Ethnic Identity
<input type="checkbox"/> Monday	to	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Tuesday	to	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Wednesday	to	<input type="checkbox"/> Lunch	Racial Identity
<input type="checkbox"/> Thursday	to	<input type="checkbox"/> PM Snack	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Friday	to	<input type="checkbox"/> Supper	<input type="checkbox"/> Asian
<input type="checkbox"/> Saturday	to	<input type="checkbox"/> Evening Snack	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Sunday	to		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Non-school days/holidays	to		<input type="checkbox"/> White
<input type="checkbox"/> Check if Head Start eligible	<input type="checkbox"/> Check if infant under one year of age		